Periscope.

PATHOLOGY.

224. EIN FALL VON TABES DORSALIS INCIPIENS MIT GUMMÖSER ERKRANKUNG DER HIRNSUBSTANZ (A Case of Tabes Dorsalis Incipiens with Gumma of the Brain). Nonne (Berl. klin. Woch., Vol. 36, 1899, Nos. 15, 16, 17).

Nonne reports a case of tabes running an atypical course and presenting several interesting features. Besides headaches, lancinating pains, ataxia, etc., there was a unilateral absence of the knee-jerk, which subsequently returned; unilateral slowing of contraction of the pupil to light; partial optic atrophy not progressive; and finally, epileptiform convulsions, dementia and general spastic paresis. He assumed an atypical tabes with arterio-sclerosis—syphilitic (?)—of the cerebral vessels, which led to an area of softening affecting the motor tracts. The autopsy revealed an early posterior sclerosis with involvement of the posterior roots (not complete); a gumma of the left lenticular nucleus, and an area of softening of the right lenticular nucleus. There was also a sclerotic degeneration of the crossed pyramidal tracts. He explains the return of the knee-jerk on the right side, not by any specific cord change, but by the presence of the cerebral new growth, which, by destroying the effect of cerebral inhibition over the lower reflex arc, permits a motor response to a much lighter sensory stimulus than would normally be required. He, however, does not exclude the possibility of secondary degeneration in the pyramidal tracts, leading to an excessive irritability of the cells of the anterior horns with the same result. He concludes from this and other cases that tabes in patients presenting evidences of syphilis does not differ in the clinical picture from those cases where no such evidence exists. MCCARTHY.

225. DAS VERHALTEN DES RÜCKENMARKES BEI REFLECTORISCHER PUPILLENSTARRE (The Spinal Cord in Reflex Iridoplegia). G. Wollf (Archiv. f. Psychiatrie, 32, 1899, p. 57).

Wollf believes that not enough attention has been paid to the degenerations in the cervical cord in cases with the Argyll-Robertson pupil. He contributes the results of a number of autopsies with the microscopical findings in patients having this syndrome, mainly with tabes. He divides his observations into four series: 1. Pupils involved but reflexes normal. All of these, eight in number, showed a degeneration of the cervical cord in the posterior columns. In some there was also a degeneration in the lateral columns as well. 2. This group with pupils involved and decreased reflexes, seven cases, all showed changes in the cervical cord. 3. In one case with normal pupils and lost reflex knee phenomenon, the cervical cord was normal, but from the middle of the dorsal region down the degeneration of tabes was manifest. 4. In five patients showing normal pupils and normal or increased reflexes there were various findings. The degenerated areas were not constant, however, and were of different intensities. JELLIFFE.

226. DIE ERYTHROMELALGIE (Erythromelalgia). B. Sachs and Alfred Wiener (Deutsche Zeitschrift für Nervenheilkunde, Vol. 15, Nos. 3 and 4, p. 286).

The case of erythromelalgia reported by Sachs and Wiener is as follows: A man of middle age began to suffer severe pain, radiating upwards and downwards, in the left calf. Diffuse redness and swelling of the foot appeared, and the symptoms were much exaggerated when the foot was pendent. Some months after this "red neuralgia" began; a small ulcer appeared on the dorsal surface of the foot, became deeper and wider, and dry gangrene of the second toe, and later of the other toes, of the foot developed. Amputation through the thigh was performed. The patient recovered from the operation and was free from pain. The portions of the anterior tibial and the popliteal arteries examined were found diseased, and the intima was most affected. The lumen in some parts was occluded. The changes in the nerves were proportionally slight. The authors believe that much more importance is to be attributed to arterial disease than to nerve degeneration in erythromelalgia, and that a condition similar to that of erythromelalgia without pain is not infrequently found in chronic cardiac and vascular disease. They report two cases in demonstration of this fact, and in conclusion they say that erythromelagia occurs often as an independent symptom-group, although it is not an independent disease. In uncomplicated cases it is probably due to disease of the peripheral arteries. The obliterating endarteritis may be connected indirectly with central disease, but may be independent of such disturbance. In comparison with cardiac and vascular disease, erythromelalgia is probably more a disease of the arteries than of the nerves. SPILLER.

227. NORMAL AND PATHOLOGICAL HISTOLOGY OF THE NERVE CELL. W. F. Robertson (Brain, 22, 1899, p. 203, Summer.)

Attention is here directed to this very excellent critical résumé of the recent literature bearing on the histology of the nerve cell. As the paper in question is a critical digest it cannot be abstracted. Particular attention is paid by the author to the histology; the pathology is given in bibliography. With this paper and its bibliography; with the monograph of Ewing's on "Studies in Ganglion Cells," and the "Bibliographical Contribution" of Jelliffe, both of which latter are published in the Archives of Neurology and Psycho-pathology, the present-day student cannot plead ignorance of the great field of ganglion cell pathology. JELLIFFE.

228. UEBER VOM VIERHÜGEL, VON DER BRÜCKE UND VOM KLEINHIRN ABSTEIGENDE BAHNEN (Concerning Descending Tracts from the Corpora Quadrigemina, Pons and Cerebellum). M. Probst (Deutsche Zeitschrift für Nervenheilkunde, Vol. 15, Nos. 3 and 4, p. 192).

Probst's paper is so full of detail that an abstract can hardly do justice to it. He finds experimentally that v. Monakow's bundle arises in the nucleus ruber and not in the thalamus or corpora quadrigemina, and it contains also ascending fibers. The descending fibers of the bundle could be traced into the sacral cord. The tract within the cord forms part of the crossed pyramidal tract, and because of this the area of degeneration in the lateral column is greater from a lesion in the spinal cord than from one in the pyramids or higher up. The normal fibers found within the crossed pyramidal tract in advanced cases of amyotrophic lateral sclerosis belong to v. Monakow's bundle. The tract has probably motor function, and yet division of the tract in animals does not cause paralysis. v. Monakow's bundle also receives fibers from the arched fibers (Bogenfasern) of the tegmentum of the pons.

The corpora-quadrigemina-anterior-column tract (Vierhügel-Vorderstrangbahn) almost disappears in the lower cervical cord. It